PAGE 1 / 14

Image# 201601289004686911

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

Maryland USA ADDRESS (number and street) Check if different than previously reported. (ACC) PO Box 75650 Check if different than previously reported. (ACC) PO Box 75650 Check if different than previously reported. (ACC) PO Box 75650 Check if different than previously reported. (ACC) PO Box 75650 Check if different than previously reported. (ACC) PO Box 75650 Check if different than previously reported. (ACC) PO Box 75650 Check if different than previously reported. (ACC) PO Box 75650 Check if different than previously reported. (ACC) STATE	1 OTTM OX	For Other Than An Au	thorized Committee	Office Use Only
ADDRESS (number and street) Check if different than previously reported, (ACC) Check if different than previously reported, (ACC) PEC IDENTIFICATION NUMBER V C C00581777 3. IS THIS REPORT (Choose One) (a) Cuarterly Reports: April 15 Quarterly Report (21) July 15 Quarterly Report (22) Quarterly Report (22) Quarterly Report (23) April 15 Quarterly Report (27) Quarterly Report (28) C Coovering Period Q 7 Z 2 2015 Termination Report (d) 30-Day POST-Election Report for the: Election on Election on Report for the: Election on Report for the: Election on Report for the: Covering Period Q 7 Z 2 2015 Through Tarmination Report (a) 30-Day POST-Election Report for the: Election on Election on Report for the: Election on Report for the: Election on Election on Election on Report for the: Election on Election on Report for the: Election on		TYPE OR PRINT ▼		12FE4M5
ADDRESS (number and street) Check if different than prevokely reported. (ACC) PEC IDENTIFICATION NUMBER V CITY A STATE A ZIP CODE A 3. IS THIS REPORT (Choose One) (a) Cuarterly Report (Choose One) (b) Monthly Report (Mar 20 (M3)	Maryland USA			
ADDRESS (number and street) Check if different than prevokely reported. (ACC) PEC IDENTIFICATION NUMBER V CITY A STATE A ZIP CODE A 3. IS THIS REPORT (Choose One) (a) Cuarterly Report (Choose One) (b) Monthly Report (Mar 20 (M3)				
than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER V C C C00581777 3. IS THIS NEW (N) OR AMENDED (A) Ouarterly Report (Choose One) (a) Ouarterly Reports: April 15 Quarterly Report (O1) July 15 Quarterly Report (O2) Cotober 15 Quarterly Report (O2) April (N) OR (D) Out (D) Ou	ADDRESS (number and street)	PO Box 75650		
2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲ C C00581777				
A. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q3) X January 31 X Quarterly Report (Q2) Quarterly Report (Q3) X January 31 Feb 20 (M2) Report (M4) July 20 (M5) Apr 20 (M4) July 20 (M7) Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q3) X January 31 Feb 20 (M2) Report (M4) Apr 20 (M4) July 20 (M7) Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q3) X January 31 Feb 20 (M2) Report (M4) Apr 20 (M5) Apr 20 (M10) Apr 31 (YE) Apr 20 (M4) Apr 20 (M4) Apr 20 (M5) Apr 20 (M9) Apr 20 (M9) Apr 20 (M9) Apr 20 (M9) Apr 20 (M10) Apr 20 (M9) Apr 20 (M10) Apr 20 (M9) Apr 20 (M9) Apr 20 (M9) Apr 20 (M9) Apr 20 (M10) Apr 20 (Washington		DC 20013 -
4. TYPE OF REPORT (b) Monthly Report (Choose One) (choose	2. FEC IDENTIFICATION N	IUMBER ▼ CI	TY▲	STATE ▲ ZIP CODE ▲
(Choose One) (Report Due On:	C C00581777			_
(a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Cotober 15 Quarterly Report (Q3) X January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) Election on Electio		Report Due On:		(Non-Election Year Only)
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) X January 31 Year-End Report (YE) Report (Yen-election Report (YE) Report (Non-election Year Only) (MY) Termination Report (TER) Covering Period Type or Print Name of Treasurer Joel Riter Joel Ri	(a) Quarterly Reports:			(Non-Election Year Only)
July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)			r 20 (M4) Jul 20 (M	7) Oct 20 (M10) Jan 31 (YE)
October 15 Quarterly Report (Q3) X January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) Discretify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Joel Riter Jo	July 15	(C) 12-Day	Primary (12P)	General (12G) Runoff (12R)
January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) Special (30G) Report for the: Election on General (30G) Runoff (30R) Special (30S) Report for the: in the State of Special (30S) Report for the: Election on Felorit for the: Fel	October 15	Report for the:	Convention (12C)	Special (12S)
July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) Through Telection on Telection on Through Telectronically Filed Telectronicall	January 31			in the
Termination Report (TER) Election on Election on Election on Election on In the State of Covering Period O7 22 2015 Through 12 31 2015 Certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Joel Riter [Electronically Filed] Date O1 PEC FORM 3X Rev. 12/2004	July 31 Mid-Year Report (Non-electi	ion (d) 30-Day POST-Election	General (30G)	Runoff (30R) Special (30S)
5. Covering Period 07 22 2015 through 12 31 2015 I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Joel Riter Signature of Treasurer Joel Riter [Electronically Filed] Date 01 26 2016 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. Office Use FEC FORM 3X Rev. 12/2004		rt '	.	111 1110
Type or Print Name of Treasurer Joel Riter [Electronically Filed] Date MIM O1 26 V 2016 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. Office Use FEC FORM 3X Rev. 12/2004	5. Covering Period			
Signature of Treasurer Joel Riter [Electronically Filed] Date O1 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	I certify that I have examined t	this Report and to the best o	of my knowledge and belief it is	s true, correct and complete.
Signature of Treasurer Joel Riter [Electronically Filed] Date 01 26 2016 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. Office Use FEC FORM 3X Rev. 12/2004	Type or Print Name of Treasur	er Joel Riter		
Office Use FEC FORM 3X Rev. 12/2004	Signature of Treasurer Joe	l Riter	[Electronically Filed]	
Use Use Rev. 12/2004	NOTE: Submission of false, erro	neous, or incomplete information	on may subject the person signing	ng this Report to the penalties of 2 U.S.C. §437g.
Only Only	Use			FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISRUPSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Maryland USA 07 2015 2015 Report Covering the Period: 12 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 0.00 January 1, 2015 (b) Cash on Hand at 0.00 Beginning of Reporting Period..... 300000.00 300000.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 300000.00 300000.00 6(a) and 6(c) for Column B)..... 271174.07 271174.07 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 28825.93 28825.93 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Marv	yland	USA
IVICI	y iai ia	$\mathcal{O}(\mathcal{O})$

Report Covering the Period: From: 07	22 2015 To	o: 12 31 2015		
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
. Contributions (other than loans) From:				
(a) Individuals/Persons Other				
Than Political Committees	300000.00	300000.00		
(i) Itemized (use Schedule A)	30000.00	7		
(ii) Unitemized	0.00	0.00		
(iii) TOTAL (add	5.00	7		
Lines 11(a)(i) and (ii)▶	300000.00	300000.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	0.00	0.00		
(such as PACs)	0.00	0.00		
(d) Total Contributions (add Lines				
11(a)(iii), (b), and (c)) (Carry	300000.00	300000.00		
Totals to Line 33, page 5)	00000.00	7 7		
Party Committees	0.00	0.00		
Tarty Committees	0.00	3 3		
8. All Loans Received	0.00	0.00		
Loan Repayments Received	0.00	0.00		
5. Offsets To Operating Expenditures		7		
(Refunds, Rebates, etc.)				
(Carry Totals to Line 37, page 5)	0.00	0.00		
6. Refunds of Contributions Made				
to Federal Candidates and Other				
Political Committees	0.00	0.00		
7. Other Federal Receipts				
(Dividends, Interest, etc.)	0.00	0.00		
3. Transfers from Non-Federal and Levin Funds				
(a) Non-Federal Account	0.00			
(from Schedule H3)	0.00	0.00		
(I) I F I (I)	0.00	0.00		
(b) Levin Funds (from Schedule H5)	0.00	0.00		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00		
(6) 15.61 1141151515 (4444 15(4) 4114 15(5))	7	0.00		
Total Receipts (add Lines 11(d),				
12, 13, 14, 15, 16, 17, and 18(c))▶	300000.00	300000.00		
). Total Federal Receipts (subtract Line 18(c) from Line 19)▶	300000.00	300000.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)			
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating		
	Expenditures(c) Total Operating Expenditures	63979.64	63979.64
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	63979.64	63979.64
2.	Transfers to Affiliated/Other Party		200
	Committees Contributions to	0.00	0.00
	Federal Candidates/Committees and Other Political Committees	0.00	0.00
4.	Independent Expenditures	207114.43	207114.43
5.	(use Schedule E)	201114.40	207114.43
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
6	Loan Repayments Made	0.00	0.00
.	Loan Hopaymonio Made		3.00
7. 8.	Loans MadeRefunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
			0.00
	(b) Political Party Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
	Others Dishamon serve	00.00	80.00
9.	Other Disbursements	80.00	00.00
0.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity (from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) III aviirii Chara	0.00	0.00
	(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	3.00	
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
۱.	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	271174.07	271174.07
			211174.01
2.	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	271174.07	271174.07

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	300000.00	300000.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	300000.00	300000.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	63979.64	63979.64
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	63979.64	63979.64

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 6 OF Use separate schedule(s)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may not be sold or used by any proname and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Maryland USA		
Full Name (Last, First, Middle Initial) Mark Epstein Mailing Address 9209 Fox Meadow Lane City Potomac FEC ID number of contributing federal political committee. Name of Employer Qualcomm, Inc. Receipt For: Primary General Other (specify)	State Zip Code MD 20854 C Occupation Senior Vice President Aggregate Year-to-Date ▼ 300000.00	Date of Receipt 10 26 2015 Transaction ID: SA11AI.4161 Amount of Each Receipt this Period 300000.00 Contribution
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary Other (specify) Other (specify)	State Zip Code C Occupation Aggregate Year-to-Date ▼	Date of Receipt Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code C Occupation Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)		300000.00
TOTAL This Period (last page this line number of	only)	300000.00

SCHEDULE B (FEC Form 3X)	Llos congreto cobadula(a)	FOR LINE				
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 2 28a 28b 28c 29 3			
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan						
NAME OF COMMITTEE (In Full)	le and address of any point	car committee to	Solicit contributions from such committee.			
Maryland USA						
/ Ivialylatid USA						
Full Name (Last, First, Middle Initial)			2			
· C5 Creative Consulting, Inc.			Date of Disbursement			
Mailing Address P.O. Box 11987		11 05 2015				
City	State Zip Code		Transaction ID - CD04D 44C2			
Atlanta	GA 30355		Transaction ID : SB21B.4163			
Purpose of Disbursement Campaign Consulting		001	Amount of Each Disbursement this Period			
Candidate Name		Category/	5000			
		Туре	5000.00			
Office Sought: House Disburser Senate	nent For: Primary General					
President	Other (specify)					
State: District:	Other (opcony)					
Full Name (Last, First, Middle Initial)						
 C5 Creative Consulting, Inc. 			Date of Disbursement			
			M = M / D = D / Y = Y = Y			
Mailing Address P.O. Box 11987		11 05 2015				
City	State Zip Code		Transaction ID : SB21B.4164			
Atlanta	GA 30355					
Purpose of Disbursement Travel expense reimbursement		002	Amount of Each Disbursement this Period			
Candidate Name			Amount of Each Biodification the Folioc			
		Category/ Type	1163.07			
Office Sought: House Disburser	nent For:					
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)			Date of Disbursement			
Delta Air Lines						
Mailing Address P.O. Box 20706			08 07 2015			
Cit.	7:- O-d-					
City S Atlanta	State Zip Code GA 30320		Transaction ID: SB21B.4164.0			
Purpose of Disbursement	00020					
Travel expense reimbursement		002	Amount of Each Disbursement this Period			
Candidate Name		Category/	4004.00			
		Туре	1004.20			
Office Sought: House Disburser			[MEMO ITEM]			
Senate	Other (energity) —					
State: District:	Other (specify) ▼					
Otato. District.						
CURTOTAL of Dishurasments This David (antique)			6163.07			
SUBTOTAL of Disbursements This Page (optional)		·····	5.55.67			
OTAL This Period (last page this line number only)						

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC' 5 'F9 DCF H Z G7 < 98 I @ 'CF' + H9 A = N5 H = CB

Form/Schedule: SB21B Transaction ID: SB21B.4164

The remaining \$158.87 in expense reimbursements to C5 Creative Consulting were for payments to vendors which have not yet exceeded \$200 for the calendar year.

Form/Schedule: Transaction ID:

	used by any persuitical committee to 001 Category/ Type	Date of Disbursement Transaction ID: SB21B.4190 Amount of Each Disbursement this Perior	
Zip Code 30355 For: mary General	001 Category/ Type	Date of Disbursement 12 21 2015 Transaction ID : SB21B.4190 Amount of Each Disbursement this Perio	
e Zip Code 30355 For: nary General	001 Category/ Type	Date of Disbursement 12 21 2015 Transaction ID : SB21B.4190 Amount of Each Disbursement this Perio	
30355 For: nary General	Category/ Type	Transaction ID : SB21B.4190 Amount of Each Disbursement this Perio	
30355 For: nary General	Category/ Type	Transaction ID : SB21B.4190 Amount of Each Disbursement this Perio	
30355 For: nary General	Category/ Type	Transaction ID : SB21B.4190 Amount of Each Disbursement this Perio	
30355 For: nary General	Category/ Type	Amount of Each Disbursement this Perio	
For:	Category/ Type		
nary General	Category/ Type		
nary General	Туре	5000.00	
nary General			
nary General			
		Date of Disbursement	
		11 17 2015	
Zip Code 43123		Transaction ID : SB21B.4175	
	004	Amount of Each Disbursement this Perio	
	Category/ Type	1250.00	
For: nary General er (specify) ▼			
Full Name (Last, First, Middle Initial) Langdon Law LLC			
Mailing Address 8913 Cincinnati-Dayton Rd.			
City State Zip Code West Chester OH 45069			
Purpose of Disbursement Legal fees			
Candidate Name			
For: nary General er (specify) ▼			
		19516.57	
	For: nary General er (specify) Zip Code 45069 For: nary General er (specify) For: nary General	43123 O04 Category/ Type For: nary General er (specify) ▼ Zip Code 45069 O01 Category/ Type For: nary General	

SCHEDULE B (FEC Form 3X)	Liea canarata cahadula(a)	\ I	INE NUMBER: PAGE 10				OF 14	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	f the		23 24	ı 🖂	25	26	
	Detailed Summary Page	27	22 28a	28b 28		29	30b	
Any information copied from such Reports and Statem	ents may not be sold or us							
or for commercial purposes, other than using the name								
NAME OF COMMITTEE (In Full)								
│								
Full Name (Last, First, Middle Initial)								
A. Red Maverick Media			Date of Dis	bursement				
			M M / D D / Y Y Y Y				Y	
Mailing Address 403 N. Second St. Fl. 2	11	05	20	15	_			
	tate Zip Code							
Harrisburg	PA 17101		Transaction	on ID : SB21	B.4174			
Purpose of Disbursement Design consulting		004	Λ μα στιπέ	Each Die!		+h:	orio-'	
Candidate Name		001	Arnount of	Each Disbur	sement	uns P	enoa	
		Category/ Type				5000.0	00	
Office Sought: House Disbursem		71-						
	Primary General							
State: District:	Other (specify) ▼							
Full Name (Last, First, Middle Initial)								
B. Red Maverick Media			Date of Dis	bursement				
			M = M /	D D /		Y	Y	
Mailing Address 403 N. Second St. Fl. 2						12 21 2015		
,	tate Zip Code PA 17101	Ţ	Transaction	on ID : SB21	1B.4189)		
Purpose of Disbursement	1/101							
Design consulting		001	Amount of I	Each Disbur	sement	this Po	eriod	
Candidate Name		Category/				5000.	00	
Office Sought: House Disbursem	ent For:	Туре				5000.	~~	
	ent For: Primary General							
	Other (specify)							
State: District:								
Full Name (Last, First, Middle Initial)								
C. Wilson Perkins Allen Opinion Resea	arch		Date of Dis					
Mailing Address 1319 Classen Drive			11 /	17		15	Y	
,	tate Zip Code OK 73103		Transaction	on ID : SB21	B.4178	}		
Purpose of Disbursement								
Polling	Polling 005				sement	this Po	eriod	
Candidate Name	Category/				18600.0	00		
Office Sought: House Disbursem	ent For:	Туре			7			
	Primary General							
President	Other (specify) ▼							
State: District:								
OUDTOTAL ABOVE THE		_ _	· · ·			28600.0	00	
SUBTOTAL of Disbursements This Page (optional)		·····						
TOTAL This Period (last page this line number only)		······						

SCHEDULE B (FEC Form 3X)	Harana and a dada (a)	FOR LINE I	IUMBER: PAGE 11 OF 14		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only			
	Detailed Summary Page	X 21b 27	22 23 28b	24 25 26 28c 29 30b	
Anninformation assist from such Departs and Otaton					
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan					
NAME OF COMMITTEE (In Full)	, , ,				
Maryland USA					
/					
Full Name (Last, First, Middle Initial)					
A. Wilson Perkins Allen Opinion Rese	earch		Date of Disburseme	ent	
Mailing Address 1319 Classen Drive			12 04 2015		
Maining Address 1313 Glassell Dilve			12 04	2010	
City	State Zip Code		Transaction ID : S	2D24D 4407	
Oklahoma City	OK 73103		Transaction ID:	DD21D.4107	
Purpose of Disbursement Polling		005	Amount of Foob Di	sbursement this Period	
Candidate Name			Amount of Each Di	spursement this Period	
ourdidate Name		Category/ Type		8900.00	
Office Sought: House Disburser	ment For:	.,,,,		,	
Senate	Primary General				
President	Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial)			Date of Disburseme	ant.	
B. Wilson Perkins Allen Opinion Rese	earcn			/	
Mailing Address 1319 Classen Drive			12 04	2015	
,	State Zip Code		Transaction ID : S	SB21B.4188	
Oklahoma City Purpose of Disbursement	OK 73103				
Polling		005	Amount of Each Di	sbursement this Period	
Candidate Name	I	Category/			
		Type		800.00	
Office Sought: House Disburser	nent For:				
Senate	Primary General				
President State: District:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
C.			Date of Disburseme	ent	
			M M / D D	/ Y Y Y Y Y	
Mailing Address					
0::					
City	State Zip Code				
Purpose of Disbursement					
				sbursement this Period	
Candidate Name	"	Category/			
000		Type		7	
Office Sought: House Disburser Senate					
President	Primary General Other (specify) ▼				
State: District:					
l					
SUBTOTAL of Disbursements This Page (optional)				9700.00	
TOTAL This Period (last page this line number only)				63979.64	

Signature

	CHEDULE E (FEC Form 3X)			
ΤĿ	EMIZED INDEPENDENT EXPENDITURES			PAGE 12 OF 14 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
M	Maryland USA			C C00581777
Ch	neck if 24-hour report 48-hour report New report	port Amends repo		= M / D = D / Y = Y = Y
٦	Full Name of Payee		Date of	of Public Distribution/Dissemination
	406 Enterprises LLC		M	11 20 / Y Y Y Y Y Y Y Y
	Mailing Address PO Box 75727		Amou	nt
	City State	Zip Code	- $ $ $ $ $ $ $ $	181199.43
	Washington DC	20013		ction ID : SE.4149 of Disbursement or Obligation
	Purpose of Expenditure Mobile advertising (placement)	Category/ Type 004		11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sough	t: X House District: 06
	Amie Hoeber	Oppose	Preside	MP
	Calendar Year-To-Date Per Election for Office Sought	181199.43	Disbursemen 2016	t For:
	Full Name of Payee Pound, Feinstein & Associates Mailing Address 5614 Connecticut Ave., NW			of Public Distribution/Dissemination
	Suite 270		Amou	nt
	City State Washington DC	Zip Code	Transa	3635.00
	Purpose of Expenditure		Date	of Disbursement or Obligation
	Mobile advertising (production, 'Declaration' 15)	Category/ Type 004		11 21 2015
	Name of Federal Candidate	X Support	Office Sough	nt: X House District: 06
	Amie Hoeber	Oppose	Preside	ent Senate State: MD
	Calendar Year-To-Date Per Election for Office Sought	184834.43	Disbursemen 2016 O	other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		· [184834.43
	(b) SUBTOTAL of Unitemized Independent Expenditures		· •	7
_	(c) TOTAL Independent Expenditures		· [
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
	Joel Riter [Electron	nically Filed] Date	M M /	26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Date

S П

Joel Riter

Signature

36	CHEDULE E (FEC Form 3X)		
ΤI	EMIZED INDEPENDENT EXPENDITURES		PAGE 13 OF 14
\IZ	ME OF COMMITTEE (In Full)		FOR LINE 24 OF FORM 3X
	Maryland USA		FEC IDENTIFICATION NUMBER ▼
	laryiana 557 t		C C00581777
Ch	eck if 24-hour report 48-hour report New rep	port Amends repo	ort filed on
	Full Name of Payee Pound, Feinstein & Associates		Date of Public Distribution/Dissemination
			11 20 2015
	Mailing Address 5614 Connecticut Ave., NW		Amount
	Suite 270 City State	Zip Code	5315.00
	Washington DC	20015	Transaction ID : SE.4151 Date of Disbursement or Obligation
	Purpose of Expenditure	Category/	M M / D D / Y Y Y Y
	Mobile advertising (production 'Declaration' 30)	Type 004	11 21 2015
	Name of Federal Candidate	X Support	Office Sought: X House District:06
	Amie Hoeber	Oppose	President Senate State: MD
	Calendar Year-To-Date Per Election for Office Sought	190149.43	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination
	Pound, Feinstein & Associates		11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 5614 Connecticut Ave., NW		Amount
	Suite 270		
	City State	Zip Code	4275.00
	Washington DC	20015	Transaction ID : SE.4152 Date of Disbursement or Obligation
	Purpose of Expenditure Mobile advertising (production, 'Stronger America' 15)	Category/ Type 004	11 / 21 / 2015
	Name of Federal Candidate	Support	Office Sought: House District:06
	Amie Hoeber	Oppose	President Senate State: MD
	Calendar Year-To-Date		Disbursement For: X Primary General
	Per Election for Office Sought	194424.43	2016 Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		9590.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		
			7 7 7
	(c) TOTAL Independent Expenditures		•
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee or its agent		

[Electronically Filed]

2016

26

01

Date

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE	14	OF	
FOR L	INE 24	OF F	ORM 3X

	FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full) Maryland USA				
Maryland USA	C C00581777			
Check if 24-hour report 48-hour report New report Amends rep	port filed on M M / D D / Y Y Y Y Y			
Full Name of Payee Pound, Feinstein & Associates	Date of Public Distribution/Dissemination			
Mailing Address FOLA Connections And NIM	11 20 / 2015			
5614 Connecticut Ave., NVV	Amount			
Suite 270 City State Zip Code	6565.00			
Washington DC 20015	Transaction ID : SE.4153 Date of Disbursement or Obligation			
Purpose of Expenditure Mobile advertising (production, 'Stronger America' 30) Category/ Type 004	4 11 21 / Y Y Y Y Y			
Name of Federal Candidate Support	Office Sought: X House District: 06			
Amie Hoeber Oppose	President Senate State: MD			
Calendar Year-To-Date Per Election for Office Sought 200989.43	Disbursement For: Primary General 2016 Other (coesity)			
Full Name of Payer	Other (specify)			
Full Name of Payee Pound, Feinstein & Associates	Date of Public Distribution/Dissemination O1 21 2016			
Mailing Address 5614 Connecticut Ave., NW	Amount			
Suite 270	6125.00			
City State Zip Code Washington DC 20015	Transaction ID : SE.4181 Date of Disbursement or Obligation			
Purpose of Expenditure Cable advertising (production cost) Category/ Type 004	M = M / D = D / Y = Y = Y			
Name of Federal Candidate Support	Office Sought: X House District: 06			
Amie Hoeber Oppose	President Senate State: MD			
Calendar Year-To-Date Per Election for Office Sought 207114.43	Disbursement For:			
(a) SUBTOTAL of Itemized Independent Expenditures	12690.00			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	207114.43			
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.				
Joel Riter [Electronically Filed] Dat	te 01 26 2016			
Signature				